

Budget Instructions & Examples

Funding Opportunities/Applications

State Fiscal Year 2017-2019

Victim Services Support Program (VSS)
Iowa Attorney General's Crime Victim Assistance Division (CVAD)
321 E. 12th Street
Lucas State Office Building, Ground Floor
Des Moines, Iowa 50319
Phone: 1-515-281-5044 or 1-800-373-5044

Detailed Budget Instructions& Examples

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Payroll#1 (P#1)

List all staff for the Program. Each staff person should have their own line. Make sure to complete each column of this section by adding in zeroes. Below are instructions for each column with the column name being in bold. This section should include all staff except for prevention and administrative positions that are not overseeing direct service staff or the direct service program.

Name: Staff name. If this is new position type in “New Position” for the name. If the position is currently vacant, type “Vacant”.

Title: Title of the corresponding staff person.

New Position: Will this position be a new position at the start of the contract period of 7/1/16? Type in either Yes or No to answer this question

Work Hours Per Week: Total amount of hours per week the staff person works for the agency, even if they don’t work entirely for the Program for which you are applying in this application. Do not list over 40 hours/week for any position listed in this section.

Work Hours Per Week on Grant Activities: Total amount of hours per week the staff person works on Grant Activities for the type of application you are applying. For example, a Director of a DAC and SAC agency splits their time evenly between the two types of programs. In the application you are applying you would list the corresponding number of hours. For example, if you were applying for the DAC program you would list 20 hours in this column. When you do the application for the SAC program you will list 20 hours for that program. Do not list more than 40 hours/week.

% of Grant Activity (Auto Calculate): The system will automatically calculate the % based on the numbers of hours per week dedicated to grant activities divided by the number of work hours per week.

Total Annual Salary: Provide the annual salary of the corresponding staff person.

Total Payroll #1 (P#1) Amount: List the amount of total payroll for that person.

Total Payroll #1 (P#1) Requested: List the amount of payroll requesting for reimbursement for the staff person listed on corresponding line.

Match Amount: If you are using part of this position to match on the funds, please list the amount in this column.

Example #1: Do not include the brief explanation in red below in your application. The red provides a brief explanation on how much of this expense you are requesting. Your request for Payroll #1 cannot exceed the Grant Activity percentage listed in this section for that staff person.

Payroll #1 (P#1)

Name	Title	New Position (Yes/No)	Work Hours Per Week	Work Hours Per Week On Grant Activities	% of Grant Activity (Auto Calculate)	Total Annual Salary	Total Payroll #1 (P#1) Amount	Total Payroll #1 (PS #1) Requested	Match Amount
Donna Phillips	Director	No	40	20	50%	\$55,000	\$55,000	\$27,500 (Requesting 50% based on Grant Activity)	\$0.00
Natalie Kempen	Fiscal Manager	No	20	20	50%	\$20,000	\$0.00	\$0.00 (Not requesting anything under Payroll #1. Using 50% of position as match)	\$10,000
Katie Bailey	Volunteer Coordinator	Yes	40	10	25%	\$37,000	\$37,000	\$9,250 (Requesting 25% based on Grant Activity)	\$0.00
Mollie Findlay	Sexual Abuse Advocate/ Prevention Advocate	No	40	40	50%	\$40,000	\$40,000	\$20,000 (Requesting 50% based on Grant Activity)	\$0.00
Keith Grant	Sexual Abuse Advocate	No	40	40	100%	\$40,000	\$40,000	\$20,000 (Requesting 50% and using remaining 50% as match)	\$20,000

Justification for Payroll#1 (P#1)

Provide a brief justification for the staff listed in this section. Be sure to explain the reason any new positions were added in your justification.

Payroll #2 (P#2)

List staff for the Program that are providing prevention and other administration duties. Each staff person should have their own line. Make sure to complete each column of this section even if it is zeroes. Below are instructions for each column with the column name being in bold. This section should include all staff for prevention and administrative positions that are not overseeing direct service staff or the direct service program.

Name: Staff name. If this is new position type in "New Position" for name. If the position is currently vacant type "Vacant".

Title: Title of the corresponding staff person.

New Position: Will this position be a new position at the start of the contract period of 7/1/16? Type in either Yes or No to answer this question

Work Hours Per Week: Total amount of hours per week the staff person works for the agency, even if they don't work entirely for the Program for which you are applying in this application. Do not list over 40 hours/week for any position listed in this section.

Work Hours Per Week on Grant Activities: Total amount of hours per week the staff person works on Grant Activities for prevention and administrative duties not outlined in Payroll #1 (P#1). For example, a staff person that is 100% prevention duties would be listed in this section. If the Prevention Staff is only partial prevention and partial client services then you would count them both in Payroll #1 (P#1) and Payroll #2 (P#2). Do not list more than 40 hours/week.

% of Grant Activity (Auto Calculate): The system will automatically calculate the % based on the numbers of hours per week dedicated to grant activities divided by the number of work hours per week.

Total Annual Salary: Provide the annual salary of the corresponding staff person.

Total Payroll #2 (P#2) Amount: List the amount of total payroll for that person.

Total Payroll #2 (P#2) Requested: List the amount of payroll requesting for reimbursement for the staff person listed on corresponding line.

Match Amount: If you are using part of this position to match on the funds, please list the amount in this column.

Example #2 – Do not include the explanation in red below in your application. The requested amount in red is based on the Grant Activity for prevention & administrative costs. The red provides a brief explanation on how much of this expense you are requesting. Your request for Payroll #2 cannot exceed the Grant Activity percentage listed in this section for that staff person.

Payroll #2 (P#2)

Name	Title	New Position (Yes/No)	Work Hours Per Week	Work Hours Per Week On Grant Activities	% of Grant Activity (Auto Calculate)	Total Annual Salary	Total Payroll #2 (P#2) Amount	Total Payroll #2 (PS #2) Requested	Match Amount
Donna Phillips	Director	No	40	20	50%	\$55,000	\$55,000	\$27,500 (50% of position)	\$0.00
Natalie Kempen	Fiscal Manager	No	20	20	50%	\$20,000	\$20,000	\$10,000 (50% of position)	\$0.00
Katie Bailey	Volunteer Coordinator	Yes	40	10	75%	\$37,000	\$27,750	\$0.00 (not requesting any more from VSS for this application)	\$0.00
Mollie Findlay	Sexual Abuse Advocate/ Prevention Advocate	No	40	40	50%	\$40,000	\$40,000	\$20,000 (50% of position)	\$0.00

Justification for Payroll#2 (P#2)

Provide a brief justification for the staff listed in this section. Be sure to explain the reason any new positions were added in your justification.

Benefits for Payroll #1 (P#1)

“Benefits for Payroll #1” pertains to the Payroll #1 section.

List all staff that was listed in Payroll #1 in the benefits section. Do **not** group the benefits for the staff person on the same line. If a staff person has more than one benefit, please list the staff person multiple times in this section for each benefit listed. When listing staff, please list one staff person for each benefit before moving on to the next staff person. So, when you look at the list all of benefits for one staff person should be listed consecutively. (See example further down in this section.)

Make sure to complete each column of this section even if it is zeroes. Below are instructions for each column with the column name being in bold. This section should include all staff except for prevention and administrative positions that are not overseeing direct service staff or the direct service program.

Name: Staff name. If this is new position type in “New Position” for name. If the position is currently vacant, type “Vacant”. The name listed here should be the same staff/names listed in Payroll #1.

Title: Title of the corresponding staff person.

Benefit Type: List the type of benefit such as: health insurance, dental insurance, IRA, FICA, etc.

Work Hours Per Week: Total amount of hours per week the staff person works for the agency, even if they don’t work entirely for the Program for which you are applying in this application. Do not list over 40 hours/week for any position listed in this section.

Work Hours Per Week on Grant Activities: Total amount of hours per week the staff person works on Grant Activities for the type of application you are applying. Do not list more than 40 hours/week.

% of Grant Activity (Auto Calculate): The system will automatically calculate the % based on the numbers of hours per week dedicated to grant activities divided by the number of work hours per week. You will not need to calculate this percentage.

Total Benefit for Payroll #1 (P#1) Amount: List the amount of total payroll for that person.

Total Benefit for Payroll #1 (P#1) Requested: List the amount of payroll requesting for reimbursement for the staff person listed on corresponding line.

Match Amount: If you are using part of this position to match on the funds, please list the amount in this column.

Example #3 – Do not include the explanation in red below in your application. The requested amount in red is based on the Grant Activity in Payroll #1. The red provides a brief explanation on how much of this expense you are requesting. Your Benefits for Payroll #1 cannot exceed the Grant Activity percentage for that section.

Benefit for Payroll #1 (P#1)

Name	Title	Type of Benefit	Work Hours Per Week	Work Hours Per Week On Grant Activities	% of Grant Activity (Auto Calculate)	Total Benefit Amount for Payroll #1 (P#1)	Total Benefit for Payroll #1 (PS #1) Requested	Match Amount
Donna Phillips	Director	FICA	40	20	50%	\$4,208	\$2,104 (50% of position)	\$0.00
Donna Phillips	Director	Health Insurance	40	20	50%	\$3,000	\$1,500 (50% of position)	\$0.00
Natalie Kempen	Fiscal Manager	FICA	20	20	50%	\$1,530	\$0.00	\$765 (50% of position)
Natalie Kempen	Fiscal Manager	Health Insurance	20	20	50%	\$3,000	\$0.00	\$1,500 (50% of position)
Katie Bailey	Volunteer Coordinator	FICA	40	10	25%	\$2,831	\$708 (25% of position)	\$0.00
Katie Bailey	Volunteer Coordinator	Health Insurance	40	10	25%	\$3,000	\$750 (25% of position)	\$0.00
Mollie Findlay	Sexual Abuse Advocate/ Prevention Advocate	FICA	40	40	50%	\$3,060	\$1,530 (50% of position)	\$0.00
Mollie Findlay	Sexual Abuse Advocate/ Prevention Advocate	Health Insurance	40	40	50%	\$3,000	\$1,500 (50% of position)	\$0.00
Keith Grant	Sexual Abuse Advocate	FICA	40	40	100%	\$3,060	\$1,530 (50% requested)	\$1,530 (other 50% remaining as match)
Keith Grant	Sexual Abuse Advocate	Health Insurance	40	40	100%	\$3,000	\$1,500 (50% requested)	\$1,500 (other 50% remaining as match)

Justification for Benefit for Payroll #1 (P#1)

Provide a brief justification and description of the overall benefits listed in this section. If staff benefits vary, please explain. If staff benefits are pro-rated or other set amounts, please explain pro-ration, set amounts include any pertinent percentages, amounts or reasoning/explanation.

Benefits for Payroll #2 (P#2)

“Benefits for Payroll #2” pertains to the Payroll #2 section.

List all staff that was listed in Payroll #2 in the Benefits for Payroll #2 section. Do **not** group the benefits for the staff person on the same line. If a staff person has more than one benefit, please list the staff person multiple times in this section for each benefit listed. When listing staff, please list one staff person for each benefit before moving on to the next staff person. So, when you look at the list all of benefits for one staff person should be listed consecutively. (See example on this next page.)

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold. This section should include all staff except for prevention and administrative positions that are not overseeing direct service staff or the direct service program.

Name: Staff name. If this is new position type in “New Position” for name. If the position is currently vacant, type “Vacant”. The name listed here should be the same staff/names listed in Payroll #1.

Title: Title of the corresponding staff person.

Benefit Type: List the type of benefit such as: health insurance, dental insurance, IRA, FICA, etc.

Work Hours Per Week: Total amount of hours per week the staff person works for the agency, even if they don’t work entirely for the Program for which you are applying in this application. Do not list over 40 hours/week for any position listed in this section.

Work Hours Per Week on Grant Activities: Total amount of hours per week the staff person works on Grant 7 Activities for the type of application you are applying. Do not list more than 40 hours/week.

% of Grant Activity (Auto Calculate): The system will automatically calculate the % based on the numbers of hours per week dedicated to grant activities divided by the number of work hours per week. You will not need to calculate this percentage.

Total Benefit for Payroll #1 (P#1) Amount: List the amount of total payroll for that person.

Total Benefit for Payroll #1 (P#1) Requested: List the amount of payroll requesting for reimbursement for the staff person listed on corresponding line.

Match Amount: If you are using part of this position to match on the funds, please list the amount in this column.

Example #4 –Do not include the explanation in red below in your application. The requested amount in red is based on the Grant Activity for prevention & administrative costs. The red provides a brief explanation on how much of this expense you are requesting. Your Benefits for Payroll #2 cannot exceed the Grant Activity percentage for that section.

Benefit for Payroll #2 (P#2)

Name	Title	Benefit Type	Work Hours Per Week	Work Hours Per Week On Grant Activities	% of Grant Activity (Auto Calculate)	Total Annual Salary	Total Benefits for Payroll #2 (P#2)	Total Benefits for Payroll #2 (PS #2) Requested	Match Amount
Donna Phillips	Director	FICA	40	20	50%	\$55,000	\$4,208	\$2,104 (50% of position)	\$0.00
Donna Phillips	Director	Health Insurance	40	20	50%	\$55,000	\$3,000	\$1,500 (50% of position)	\$0.00
Natalie Kempen	Fiscal Manager	FICA	20	20	50%	\$20,000	\$1,530	\$765 (50% of position)	\$0.00
Natalie Kempen	Fiscal Manager	Health Insurance	20	20	50%	\$20,000	\$3,000	\$1,500 (50% of position)	\$0.00
Mollie Findlay	Sexual Abuse Advocate/ Prevention Advocate	FICA	40	40	50%	\$40,000	\$3,060	\$1,530 (50% of position)	\$0.00
Mollie Findlay	Sexual Abuse Advocate/ Prevention Advocate	Health Insurance	40	40	50%	\$40,000	\$3,000	\$1,500 (50% of position)	\$0.00

Justification for Benefit for Payroll #2 (P#2)

Provide a brief justification and description of the overall benefits listed in this section. If staff benefits vary, please explain. If staff benefits are pro-rated or other set amounts, please explain pro-ration, set amounts include any pertinent percentages, amounts or reasoning/explanation.

Training

“Training for both Payroll #1 and Payroll #2” pertains to the training requested for staff listed in both Payroll #1 and Payroll #2 sections.

Make sure to complete each column of this section even if it is zeroes. Below are instructions for each column with the column name being in bold. This section should include all staff you are requesting to send to training except for prevention and administrative positions that are not overseeing direct service staff or the direct service program.

Name: Staff name. The name listed here should be the same staff/names listed in Payroll #1 and #2 for those only those staff you are requesting training funds to send the staff positions to training.

Title: Title of the corresponding staff person.

% of Grant Activity for Payroll #1: Enter the percentage of grant activity from Payroll #1 for the staff on the corresponding line.

% of Grant Activity for Payroll #2: Enter the percentage of grant activity from Payroll #2 for the staff on the corresponding line.

Conference/Training Name: List the conference name if known. Remember you may have a better chance of being funded for this training if you can list the actual conference name. Some national conferences are repeated year to year. If the conference has not been designated put “To Be Determined”.

Conference/Training Location (City & State): List the city and state of the conference if known. If not know put unknown.

Registration: List the cost of registration for the conference.

Transportation (Airfare, Train, Car Mileage Costs): List type of transportation and cost. For example: Airfare \$550.00; Mileage \$125.00; etc.

Hotel: List the total costs of hotel for the entire conference/training listed on this line.

Meal Costs (Based on State Rate): List the total meal costs for this conference/training listed on this line.

Other Travel Expenses (Parking, Luggage Fees, etc.): List any other travel expenses and type of expenses. For example: Parking \$25.00; Luggage \$50.00; etc.

Total Training Costs: List the total costs of the conference/training expenses for this staff person for this specific conference/training.

Training Amount Requested for P#1: List the total amount of the conference/training costs requesting for the staff person if they are listed in Payroll #1. The amount listed should be based on the Grant Activity % for Payroll section #1 (P#1). Do not request an amount over the total % of Grant Activity for Payroll #1 as we will only reimburse the amount based on this percentage.

If the position is listed in part in Payroll #1 and Payroll #2 then the entire costs of the conference/training requested should be distributed between Payroll #1 and Payroll #2 based on the “% of Grant Activity” for that staff person for Payroll #1 and Payroll #2.

Training Amount Requested for P#2: List the total amount of the conference/training costs requesting for the staff person if they are listed in Payroll #2. The amount listed should be based on the Grant Activity % for Payroll section #1 (P#1). Do not request an amount over the total % of Grant Activity for Payroll #2 as we will only reimburse the amount based on this percentage.

If the position is listed in part in Payroll #1 and Payroll #2 then the entire costs of the conference/training requested should be distributed between Payroll #1 and Payroll #2 based on the “% of Grant Activity” for that staff person for Payroll #1 and Payroll #2.

Match Amount: If you are using any funds for the conference/training as match you would list them in this column.

Example #5 – Below are examples of conference/training.

Training

Name	Title	% of Grant Activity for P#1	% of Grant Activity for P#2	Conference /Training Name	Conference/ Training Location	Registration	Transportation Costs	Hotel Costs	Meal Costs	Other Travel Costs	Total Conf./ Training Costs	Training Amount Requested for P#1	Training Amount Requested for P#2	Match Amount
Donna Phillips	Director	50%	50%	National Ending Violence Against Women	New York City, New York	\$850	Airfare \$650	\$800	\$250	Luggage \$50;	\$2,600	\$1,300	\$1,300	\$0.00
Katie Bailey	Volunteer Coordinator	25%	75%	National Volunteer Organizing	Chicago, Illinois	\$250	Mileage \$281	\$450	\$200	Tolls \$28	\$1,209	\$302.25	\$0.00	\$0.00
Mollie Findlay	Sexual Abuse Advocate/ Prevention Advocate	50%	50%	National Sexual Violence Conference	San Diego, CA	\$550	Airfare \$545	\$600	\$250	Luggage \$50; Parking \$25	\$2,020	\$1,010	\$1,010	\$0.00
Mollie Findlay	Sexual Abuse Advocate/ Prevention Advocate	50%	50%	In-State Training for SA Cert. at IowaCASA (2x/year) TBD	Des Moines, Iowa	\$0	Mileage \$94	\$0	\$20	\$0	\$114	\$57	\$0	\$57

Justification for Training

Provide a brief justification and brief description of the training being provided. Be sure to explain if there is a rotation of staff on who attends conferences in any given year.

Travel to Provide Services

“Travel to Provide Services” includes Payroll #1 (P#1) and Payroll #2 (P#2) pertains to the travel expenses/costs requested for staff listed in both Payroll #1 and Payroll #2 sections.

Make sure to complete each column of this section even if it is zeroes. Below are instructions for each column with the column name being in bold. This section should include all staff that travel for services. Services includes but is not limited to all aspects of client services with or without the client being present, outreach activities, presentations and training being provided to professionals, etc.

Name: Staff name. The name listed here should be the same staff/names listed in Payroll #1 and #2 for those only those staff you are requesting travel funds to provide services.

Title: Title of the corresponding staff person.

% of Grant Activity for Payroll #1: Enter the percentage of grant activity from Payroll #1 for the staff on the corresponding line.

% of Grant Activity for Payroll #2: Enter the percentage of grant activity from Payroll #2 for the staff on the corresponding line.

Agency Vehicle (Check “X”): Please put an “X” if the travel requested is being conducted in an agency vehicle.

Personal Vehicle (Check “X”): Please put an “X” if the travel requested is being conducted in the staff person’s own vehicle.

Total Miles: Please provide the total miles requested for travel for services for that staff person.

Mileage Rate (Auto Calculate): This column will list the mileage rate of \$0.39.

Parking Costs: List estimated parking expenses for meters, parking ramps, etc. in the course of providing services.

Total Travel Costs: List the total travel costs by adding “Mileage Costs” plus “Parking Costs”.

Training Amount Requested for P#1: List the total amount of the travel costs requesting for the staff person if they are listed in Payroll #1. The amount listed should be based on the Grant Activity % for Payroll section #1 (P#1). Do not request an amount over the total % of Grant Activity for Payroll #1 as we will only reimburse the amount based on this percentage.

If the position is listed in part in Payroll #1 and Payroll #2 then the entire costs of the travel requested should be distributed between Payroll #1 and Payroll #2 based on the “% of Grant Activity” for that staff person for Payroll #1 and Payroll #2.

Training Amount Requested for P#2: List the total amount of the travel costs requesting for the staff person if they are listed in Payroll #2. The amount listed should be based on the Grant Activity % for Payroll section #1 (P#1). Do not request an amount over the total % of Grant Activity for Payroll #2 as we will only reimburse the amount based on this percentage.

If the position is listed in part in Payroll #1 and Payroll #2 then the entire costs of the travel requested should be distributed between Payroll #1 and Payroll #2 based on the “% of Grant Activity” for that staff person for Payroll #1 and Payroll #2.

Match Amount: If you are using any funds for the conference/training as match you would list them in this column.

Example #6 – Below are examples of travel for services costs section.

Travel for Services

Name	Title	% of Grant Activity for P#1	% of Grant Activity for P#2	Agency Vehicle	Personal Vehicle	Total Miles	Mileage Rate (\$0.39/mile)	Total Mileage Costs (Auto Calculate)	Parking Costs	Total Travel Costs	Total Travel Costs Requested for P#1	Total Travel Costs Requested for P#2	Match Amount
Donna Phillips	Director	50%	50%	X		10,000	\$0.39	\$3,900	\$0	\$3,900	\$1,950	\$1,950	\$0
Natalie Kempen	Fiscal Manager	25%	75%	X		520	\$0.39	\$202.80	\$0	\$202.80	\$0	\$0	\$202.80
Katie Bailey	Volunteer Coordinator	25%	75%		X	15,600	\$0.39	\$6,084	\$0	\$6,084	\$1,521	\$0	\$0
Mollie Findlay	Sexual Abuse Advocate/ Prevention Advocate	50%	50%		X	12,350	\$0.39	\$4,816.50	\$0	\$4,816.50	\$2,408.25	\$2,408.25	\$0
Keith Grant	Sexual Abuse Advocate	100%	0%		X	13,560	\$0.39	\$5,288.40	\$0	\$5,288.40	\$5,288.40	\$0	\$0S

Justification for Travel for Services

Provide a brief justification and description of the overall travel listed in this section. Provide a breakdown on how the number of miles for each staff was determined. If you are requesting parking costs, please explain the calculation and why this is needed.

Contractual Services

List all contractual services from therapists with a client to pest control for the shelter. List all staff that was listed in Payroll #2 in the Benefits for Payroll #2 section. Do **not** group the contractual services on the same line.

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Name of Agency or Person: Please list the name of the agency or person providing the contractual services or the contractor. For example, if Robert Mayo was a therapist you were contracting with you would list “Robert Mayo” in this column. If you were contracting with Women’s Resource Center in your area to provide a sexual assault group to youth, you would list “Women’s Resource Center” in this column.

Type of Consultant Services: Provide a word or short phrase describing the type of consultant. For example, if we still use the example of Robert Mayo listed above, you would list “Therapist” in this column. Another example, is using the example from above for Women’s Resource Center, you would list “SA Youth Group” or “SA Group to Youth Age 12-14”. Provide more information in your justification on the services being provided.

Total Hours: List the total hours for the contract year (7/1/16-6/30/17) for the corresponding contractor.

Hourly Rate: List the hourly rate for the corresponding contractor. Please remember to not exceed federal requirements on consultant hourly rates which can be found in the most updated financial guide by the Office of the Chief Financial Officer, U.S. Department of Justice.

Total Contractual Services (Auto Calculate): The total contractual services will auto calculate by taking the total hours multiplied by the hourly rate.

Contractual Services Requested: List the amount of contractual services your agency is requesting in this budget.

Match Amount: List the amount you are utilizing for match (if any) for the contractual services listed on this line.

Example #7 – Below is an example of contractual services.

Contractual Services

Name of Agency or Person	Type of Consultant Services	Total Hours	Hourly Rate	Total Contractual Services (Auto Calculate)	Contractual Services Requested	Match Amount
Robert Mayo	Therapist	240	\$20	\$4,800	\$4,800	\$0
Women’s Resource Center	SA Youth Group	60	\$15	\$900	\$900	\$0

Justification for Contractual Services

Provide a brief justification and description of the contractual services requested and utilizing for match.

Equipment

List all equipment requested by staff person for any staff listed in Payroll #1 or Payroll #2.

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Equipment Item: Please list the name of the equipment you are requesting to purchase. Equipment may include but not be limited to laptops, desktops, tablets, smart phones, printers, portable printers, servers, etc. When requesting equipment for staff use the following amounts designated by the Victim Services Support Program (VSS) unless you can purchase the items at a cheaper costs: Desktop: \$1,000; Laptop: \$800; Tablet/IPads \$300; Smart Phone: \$200; and Projectors: \$850.

Name: List the name of the staff member for which the equipment is being purchased. If you are purchasing equipment for multiple staff, please list all the staff. If you are purchasing equipment for the agency say "Agency". If you are purchasing equipment for an agency office list the agency office. For example: Agency Des Moines Office, Newton Shelter, Altoona Outreach Office, etc.

Title: List the title of the staff member for which the equipment is being purchased. If multiple staff list all of their titles. If your agency or agency location, list Agency.

% of Grant Activity for Payroll #1: Enter the percentage of grant activity from Payroll #1 for the staff on the corresponding line.

% of Grant Activity for Payroll #2: Enter the percentage of grant activity from Payroll #2 for the staff on the corresponding line.

Total Equipment Requested for Payroll #1: List the total amount of the equipment costs requesting for the staff person if they are listed in Payroll #1. The amount listed should be based on the Grant Activity % for Payroll section #1 (P#1). Do not request an amount over the total % of Grant Activity for Payroll #1 as we will only reimburse the amount based on this percentage.

If the position is listed in part in Payroll #1 and Payroll #2 then the entire costs of the equipment requested should be distributed between Payroll #1 and Payroll #2 based on the "% of Grant Activity" for that staff person for Payroll #1 and Payroll #2.

Total Equipment Requested for Payroll #2: List the total amount of the equipment costs requesting for the staff person if they are listed in Payroll #2. The amount listed should be based on the Grant Activity % for Payroll section #2 (P#2). Do not request an amount over the total % of Grant Activity for Payroll #2 as we will only reimburse the amount based on this percentage.

If the position is listed in part in Payroll #1 and Payroll #2 then the entire costs of the equipment requested should be distributed between Payroll #1 and Payroll #2 based on the "% of Grant Activity" for that staff person for Payroll #1 and Payroll #2.

Match Amount: List the amount you are utilizing for match (if any) for the equipment listed on this line.

Example #8 – Below is an example of the equipment section.

Equipment

Equipment Item	Name	Title	% of Grant Activity for P#1	% of Grant Activity for P#2	Total Equipment Costs	Total Equipment Requested for P#1	Total Equipment Requested for P#2	Match Amount
Tablet	Keith Grant	SA Advocate	100%	0%	\$800	\$800	\$0	\$0
Server	Agency	Agency	45%	55%	\$8,000	\$3,600	\$3,400	\$1,000

Justification for Equipment

Provide a brief justification and description of each equipment item including why it is needed to continue or improve services.

Repairs & Maintenance

List all the repairs and maintenance including ongoing repairs & maintenance as well as one time expected repairs and maintenance. Please list each repair & maintenance expense on their own line.

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Item Name: List the name of the agency providing the repairs or maintenance.

Description: Provide a brief word or phrase describing what repair or maintenance is to be completed.

City: List the city the repair or maintenance will occur.

Unit Price: List the unit price for the entire year for the repairs and maintenance for this service.

Total Repairs & Maintenance Costs: List the total costs for the repairs & maintenance.

Total Repairs & Maintenance Requested: List the total amount of the repairs and maintenance requesting for this line item.

Match Amount: List the amount you are utilizing for match (if any) for the repairs and maintenance listed on this line.

Example #9 – Below is an example of the repairs and maintenance section.

Repairs & Maintenance

Item Name	Description	City	Unit Price	Total Repairs & Maintenance Costs	Total Repairs & Maintenance Requested	Match Amount
McCamant Roof Repair	Shelter Repair to Roof	Altoona	\$3,500	\$3,500	\$2,800	\$700

Justification for Repairs & Maintenance

Provide a brief justification and description of each item listed in repairs and maintenance section.

Rent

List all the rent for office space, shelter or other housing specific to this application. Please list each rental expense on their own line. Do not list rent paid directly to a client in this section as you will list in "Client Assistance" section. You will also list any building owned by your overall agency. If your agency owns the building, then you are not able to claim rent to that agency per new federal guidelines.

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Item Name: List the name of the landlord providing the office, shelter or housing space for which your agency is paying rent. If in-kind rent please list space but put zero for requested amount.

Description: Provide a brief word or phrase describing of the space for which your claiming for rent or showing as in-kind space. For example: Newton Outreach Office, Shelter, Altoona Main Office, etc.

City: List the city of where the office space, shelter or other housing. You can list the county if the city will identify the confidential location of the shelter.

Own (Yes/No): Please indicate yes or no if your agency owns the building or space.

Monthly Rent: List the monthly rent or mortgage cost.

Number of Months: List the number of months your agency will be renting or paying mortgage on the space.

Total Rent or Mortgage: List the total rent or mortgage by taking the monthly rent X the number of months.

Total Requested Amount: List the total amount of the rent requesting for this line item.

Match Amount: List the amount you are utilizing for match (if any) on this line.

Example #10 – Below is an example of rent section.

Rent

Item Name	Description	City	Own (Yes/No)	Monthly Rent or Mortgage	Number of Months	Total Rent or Mortgage	Total Requested Amount	Match Amount
McCormick Rental Property	Outreach Office	Newton	No	\$150	10	\$1,500	\$1,500	\$0
Hawkins Reality	Shelter	Jasper County	Yes	\$0	12	\$0	\$0	\$0
Scorpio Reality & Rental Property	Main Office	Altoona	No	\$400	12	\$4,800	\$4,800	\$0

Justification for Rent

Provide a brief justification and description of each item listed in the rent section.

Utilities

List all the utilities for every office space, shelter or other housing specific to this application. Please list each utility for each location separately on their own line.

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Item Name: List the name of the utility company providing the utilities to your office, shelter or housing space for which your agency.

Description: Provide a brief word or phrase describing of the space for which your claiming for utilities. For example: Newton Outreach Office, Shelter, Altoona Main Office, etc.

City: List the city of where the office space, shelter or other housing. You can list the county if the city will identify the confidential location of the shelter.

Monthly Average Utilities: List the monthly average utilities.

Number of Months: List the number of months your agency will be paying utilities.

Total Utilities: List the total utilities by taking the monthly average utilities costs multiplied by the number of months.

Total Requested Amount: List the total amount of the utilities requesting for this line item.

Match Amount: List the amount you are utilizing for match (if any) on this line.

Example #11 – Below is an example of utilities section.

Utilities

Item Name	Description	City	Monthly Average Utilities	Number of Months	Total Utilities	Total Requested Amount	Match Amount
Alliant Energy	Outreach Office	Newton	\$25	10	\$250	\$250	\$0
Black Hills Energy	Outreach Office	Newton	\$20	10	\$200	\$200	\$0
Alliant Energy	Shelter	Jasper County	\$225	12	\$2,700	\$2,700	\$0
Rebecca's Energy Company	Main Office	Altoona	\$30	12	\$360	\$360	\$0

Justification for Utilities

Provide a brief justification and description of each item listed in the utility section.

Communications

List all the communications for every office space, shelter, other housing and staff cell phones and mobile services. Please list each communication for each location and staff person separately on their own line.

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Item Name: List the name of the communication company providing the service. For example: AT&T, Sprint, Verizon, U.S. Cellular, etc.

Description Provide a brief word or phrase describing the communication item you are requesting. For example: Shelter Crisis Line, Cell Phone, Internet for Tablet, Brochures, etc.

City: List the city of where the communication is housed. If it is specifically for an Advocate list their home county/city. You can list the county if the city will identify the confidential location of the shelter.

Name: List the staff name for the corresponding communication item. If this is for the agency then list: Agency.

Title: Title of the corresponding staff person.

% of Grant Activity for Payroll #1 (P#1): Enter the percentage of grant activity from Payroll #1 for the staff on the corresponding line.

% of Grant Activity for Payroll #2 (P#2): Enter the percentage of grant activity from Payroll #2 for the staff on the corresponding line.

Monthly Average Communication Costs: List the monthly average communication costs. If you are requesting costs for brochures, you would list zero in this column.

Number of Months: List the number of months your agency will be paying communications. If you are requesting costs for brochures, you would list zero in this column.

Total Communications: List the total communications by taking the monthly average communications costs multiplied by the number of months. If you are requesting brochures list them as overall costs in this column. Remember to provide a more detailed description in your justification section.

Total Communications Requested for PS#1: List the total amount of the communication costs requesting for the staff person if they are listed in Payroll #1. The amount listed should be based on the Grant Activity % for Payroll section #1 (P#1). Do not request an amount over the total % of Grant Activity for Payroll #1 as we will only reimburse the amount based on this percentage.

If the position is listed in part in Payroll #1 and Payroll #2 then the entire costs of the communication specifically requested for this staff person should be distributed between Payroll #1 and Payroll #2 based on the “% of Grant Activity” for that staff person for Payroll #1 and Payroll #2.

If you are requesting communication for the agency please pro-rate the costs and list under Payroll #1 and Payroll #2. For example, you have an office phone costs of \$1,200/annually with 3 staff located in that office with 2 staff are 100% under Payroll #1 and 1 staff that is 50% under Payroll #1 and 50% under Payroll #2. You would divide the \$1,200 by 3 staff multiple by 2.5 for Payroll #1 request. For Payroll #2 request you would take the \$1,200 divide it by 3 staff and multiple it by 0.50 for the 1 staff that is only 50% Payroll #2. This is one

example of how to pro-rate those costs. Any crisis line phone can be 100% under Payroll #1 request for communications.

Total Equipment Requested for Payroll #2: List the total amount of the communication costs requesting for the staff person if they are listed in Payroll #2. The amount listed should be based on the Grant Activity % for Payroll section #2 (P#2). Do not request an amount over the total % of Grant Activity for Payroll #2 as we will only reimburse the amount based on this percentage.

If the position is listed in part in Payroll #1 and Payroll #2 then the entire costs of the communication specifically requested for this staff person should be distributed between Payroll #1 and Payroll #2 based on the “% of Grant Activity” for that staff person for Payroll #1 and Payroll #2.

Match Amount: List the amount you are utilizing for match (if any) on this line.

Example #12 – Below is an example of communication section.

Communications

Communication Item	Description	City	Name	Title	% of Grant Activity for P#1	% of Grant Activity for P#2	Monthly Average Communications Costs	Number of Months	Total Communications	Total Travel Costs Requested for P#1	Total Travel Costs Requested for P#2	Match Amount
Verizon	Cell Phone	Altoona	Donna Phillips	Director	50%	50%	\$50	12	\$600	\$300	\$300	\$0
Verizon	Cell Phone	Altoona	Katie Bailey	Volunteer Coordinator	25%	75%	\$50	12	\$600	\$150	\$450	\$0
Verizon	Cell Phone	Altoona	Mollie Findlay	Sexual Abuse Advocate/ Prevention Advocate	50%	50%	\$50	12	\$600	\$300	\$0	\$300
Verizon	Cell Phone	Altoona	Keith Grant	Sexual Abuse Advocate	100%	0%	\$50	12	\$600	\$0	\$0	\$600
Sprint	Shelter Crisis Line Phones	Jasper County	Agency Shelter	Agency Shelter	100%	0%	\$105	12	\$1,260	\$1,260	\$0	\$0
Armor Phone Services	Land Line	Newton	Outreach Office	Outreach Office	100%	0%	\$30	12	\$360	\$360	\$0	\$0

Justification for Communications

Provide a brief justification and description of each item listed in the communications section.

Advertising

List the entire advertising specific to this application.

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Item: List the name of the agency for which the advertising is to be conducted. For example: “Jack’s Advertising Agency”.

Description: Provide a brief word or phrase describing the advertising to be conducted. For example: Television Advertising of Services, Newspaper Ad of Services, etc.

Source of Advertising: Provide a brief word or phrase describing the source of the advertising to be conducted. For example: Television Advertising, Newspaper Ad, etc.

Length of Ad Time: Please indicate the length of advertising time.

Total Ad Costs: List the total cost of the advertising to be conducted.

Total Requested Amount: List the total amount of the advertising requesting for this line item.

Match Amount: List the amount you are utilizing for match (if any) on this line.

Example #13 – Below is an example of the advertising section.

Advertising

Item Description	Source of Advertising	Length of Ad Time	Total Ad Costs	Total Requested Amount	Match Amount
Jack’s Advertising Agency	Television Ads	5x/week for 4 weeks	\$4,000	\$4,000	\$0
Des Moines Register	Newspaper Ads	1x/week for 2 months	\$9,000	\$4,500	\$4,500

Justification for Advertising

Provide a brief justification and description of each item listed in the advertising section. Remember to explain what the advertising states or says.

Supplies

List the entire advertising specific to this application.

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Item: List the name of the agency for which the supplies is to be purchased. For example: "Office Max".

Description: Provide a brief word or phrase describing the supplies to be purchased. For example: Office Supplies, Office Supplies for Shelter, Food for Shelter, Youth SA Support Group Items, etc.

Location: Supplies requesting to be purchased are for what location (Altoona Main Office, Newton Outreach Office, Jasper County Shelter, etc.)

Unit Price: Please indicate the unit price or average monthly expense if office supplies or food for shelter.

Quantity: List the quantity of the purchase or supply item. For example, if you are requesting office supplies you can list the number of months you purchase office supplies outlined under unit price.

Total Supply Costs: List the total supply costs by multiplying the unit price by the quantity.

Total Requested Amount: List the total amount of the supply costs requesting for this line item.

Match Amount: List the amount you are utilizing for match (if any) on this line.

Example #14 – Below is an example of the advertising section.

Supplies

Item Description	Location	Unit Price	Quantity	Total Supply Cost	Total Requested Amount	Match Amount
Office Supplies	Newton Outreach Office	\$25	12	\$300	\$300	\$0
Office Supplies	Altoona Main Office	\$25	4	\$100	\$100	\$0
Food for Shelter Clients	Shelter in Jasper County	\$200	12	\$2,000	\$1,000	\$1,000
Journals for Youth Group	Newton Outreach Office	\$2	24	\$48	\$48	\$0
Art Supplies for Youth Group	Shelter in Jasper County	\$50	1	\$50	\$50	\$0

Justification for Supplies

Provide a brief justification and description of each item listed in the supplies section.

Please do not spell out the quantity of how many pens, paper, etc. you are requesting but instead lump it into office supplies and say what that includes. For example: Office supplies includes pens, paper, post its, file folders and other office supplies necessary to carry out the services outlined in this application. You can break out office supplies monthly, quarterly, annually and list that number in quantity.

Insurance

List any insurance for the agency such as liability, property or automobile. Do not list health insurance for staff as that should be listed in the Benefit sections.

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Insurance Agency Name: List the name of the agency for which the insurance is held. For example: Farmer's Insurance, Progressive Insurance, etc.

Type of Insurance: Provide the type of insurance: liability, property, etc.

Description: Provide a more detailed phrase or description of the insurance coverage.

Location: List the location of the insurance coverage. For example is it is insurance covering your shelter building, you would say county location of shelter such as, "Jasper County Shelter".

How often is it paid? Please indicate if it is paid annually, monthly, etc.

Total Insurance Costs: List the total costs of the insurance.

Total Requested Amount: List the total amount for which your agency is requesting reimbursement.

Match Amount: List the amount you are utilizing for match (if any) on this line.

Example #15 – Below is an example of the insurance section.

Insurance

Insurance Agency Name	Type of Insurance	Description	Location	How often is it paid?	Total Insurance Costs	Total Requested Amount	Match Amount
Gardner Insurance	Property	\$100,000 w/ \$500 deductible	Jasper County Shelter	Annually in May	\$10,000	\$10,000	\$0
Spellman Insurance	Board & Officers Insurance	\$25,000 w/\$100 deductible	Agency Staff & Board	Annually in June	\$5,000	\$0	\$0
Progressive Insurance	Auto Insurance	\$100,000 per person w/\$500 deductible	Jasper County Agency Automobile	Monthly	\$1,200	\$0	\$0

Justification for Insurance

Provide a brief justification and description of each item listed in the insurance section.

Other Direct

List any other direct that cannot be classified in any of the other categories. Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Items Description: Provide a list of the item and description

Unit Price: Provide the unit price of the item.

Total Other Direct Costs: Provide the total direct costs of the item.

Total Requested Amount: List the total amount for which your agency is requesting reimbursement.

Match Amount: List the amount you are utilizing for match (if any) on this line.

Example #16 – Below is an example of the other direct section.

Other Direct

Item Description	Unit Price	Total Other Direct Costs	Total Requested Amount	Match Amount

Justification for Other Direct

Provide a brief justification and description of each item listed in the other direct section. Please make sure the item you are listing does not belong in one of the other budget categories.

Client Assistance

List the other client assistance requested by the following categories then by county: Rent, Hotel/Motel, Utilities/Phone, Relocation and Other.

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Items Description: Provide a list of the item and description as the following categories: Rent, Hotel/Motel, Utilities/Phone, Relocation and Other.

County: Please break it out by County of your service area.

Total Client Assistance Costs: Provide the total client assistance costs.

Total Requested Amount: List the total amount for which your agency is requesting reimbursement.

Match Amount: List the amount you are utilizing for match (if any) on this line.

Example #17 – Below is an example of the client assistance section.

Client Assistance

Item Description	County	Total Client Assistance Costs	Total Requested Amount	Match Amount
Rent	Jasper	\$10,000	\$10,000	\$0
Hotel/Motel	Jasper	\$3,000	\$3,000	\$0
Utilities/Phone	Jasper	\$3,000	\$3,000	\$0
Relocation	Jasper	\$3,000	\$2,000	\$0
Other	Jasper	\$7,250	\$7,250	\$0
Rent	Poweshiek	\$10,000	\$10,000	\$0
Hotel/Motel	Poweshiek	\$2,000	\$2,000	\$0
Utilities/Phone	Poweshiek	\$5,000	\$5,000	\$0
Relocation	Poweshiek	\$3,000	\$3,000	\$0
Other	Poweshiek	\$5,000	\$5,000	\$0

Justification for Client Assistance

Provide a brief justification and description of each county and each category plus projected costs for each category (Rent, Hotel/Motel, Utilities/Phone, Relocation and Other). Remember to explain how estimated these amounts.

Indirect Costs Percentage

List the indirect costs requested. Remember that if you have indirect costs established with the federal government you must utilize this indirect cost rate. Please note these funds are not additional funds on top of your award, you will have to figure this based on the funds available for your type of service for your region/zone.

Make sure to complete each column of this section, even if it is zeroes. Below are instructions for each column with the column name being in bold.

Items Description: Provide a list of the item and description as the following categories: Rent, Hotel/Motel, Utilities/Phone, Relocation and Other.

County: Please break it out by County of your service area.

Total Client Assistance Costs: Provide the total client assistance costs.

Total Requested Amount: List the total amount for which your agency is requesting reimbursement.

Match Amount: List the amount you are utilizing for match (if any) on this line.

Example #18– Below is an example of the indirect costs percentage section.

Indirect Costs Percentage

Indirect Costs Percentage	Total Amount/Award Requested (Auto Calculate)	Date Established by Federal Government	Total Amount Requesting Based on Indirect Costs Percentage (Auto Calculate)
8%	\$250,000	January 1, 2015	\$20,000

Description of Indirect Costs

Provide a brief description of how your agency will be utilizing the indirect costs.